

Complete and return the original Travel Authorization form to the state IMMEDIATELY

1. Fill in yellow sections ONLY. Do not fill in the dollar amounts.
2. List where you will be traveling from and what type of transportation you will be using. There may be two different types of transportation ie From Spokane to Seattle by Plane and from Seattle to Olympia by Shuttle. Include the return trip information as well.
3. List number of meals you will need to buy away from home
4. Lodging will be reimbursed at the state rate of \$58/night and the taxes charged by the hotel.
5. Estimate the miles you will be driving to and from the training center. Keep track of the actual mileage as you drive to the training.
6. Estimate any other costs as close as possible. Again, this is only an estimate used in planning.
7. Be sure to sign and date in the yellow boxes at the bottom of the form.
8. If you have questions, call for more information or leave the box blank!
9. Mail to: Robert Hunter, WA State WIC Program, P.O. Box 47886, Olympia, WA 98504-7886
10. If you cannot mail the form prior to training, please contact Robert at 1-800-841-1410 (press 4-2-2)

Please read the following:

1. It is mutually understood by the parties hereto that the non-employee named on the first page is not an employee of the Department of Health nor an agent of the Department in any manner whatsoever, nor will he/she hold him/herself out to be such, nor claim to be such by reason hereof, and will not claim, demand, or apply to or for any right or privilege applicable to an officer or employee of the Department. Provided, that nothing herein contained shall be interpreted to preclude such person's lawful entitlements to benefits which might accrue to that person, his/her non-employee status notwithstanding.
2. The non-employee named on the reverse side hereof will not in any manner while performing hereunder discriminate on the grounds of race, color, sex, religion, marital status, age, national origin, or the presence of any physical, mental or sensory handicap without there having been previously established a bonafide qualification for good and sufficient cause by the Department.
3. This authorization and any proceeds therefrom are not assignable.
4. No information of a confidential nature concerning any client or recipient of the Department will be disclosed by the non-employee except on written consent of the client or recipient, his attorney, or his responsible parent or guardian.
5. Adherence to State of Washington Travel Regulations is required.
6. The Authorization for Travel contains all the terms and conditions agreed upon by the parties. No other understanding, oral or otherwise, regarding the subject matter of this authorization shall exist or bind any of the parties hereto.

DOH Employees Please Note: The Authorization for Travel form is not to be used for small personal service agreements, honoraria, or stipends. Contact the Contracts Office for such activity.

Authorization for Travel (Non Employee)

Name		Agency		Social Security No.	
Street Address/PO Box			City	State	Zip Code
Purpose of Trip: WIC Training in Olympia					
Period of Authorization:					
Travel Itinerary and Mode of Transportation					
Date	From	To	Round Trip Yes/No	Mode Code	
Mode Code: POV-Privately owned vehicle AIR-Airline T/S-Taxi Shuttle RNV-Rental Vehicle O-Other AGC-Agency Car					
Travel Expense Estimate					
Meal Allowance	No.				
		Breakfast @ \$12.00 = \$			
		Lunch @ \$15.00 = \$			
		Dinner @ \$22.00 = \$			
Lodging Allowance		Nights @ \$68 per night <input type="checkbox"/> 150% rule applies under Section _____			
Vehicle Allowance		Estimated private vehicle miles @ .445 per mile			
Other Authorized Transportation Costs		Taxi/Shuttle \$ Other @ \$ Rental Car \$ Airfare \$			
Authorized Miscellaneous Expenses		Parking \$ Other @ \$ Registration \$ Telephone \$			
Total Estimated Travel Expenses				\$	

*Claim for reimbursement under this travel authorization must be submitted on a State of Washington Invoice Voucher Form A 19-A.

***The parties to this authorization agree to abide by and fully comply with the provisions set forth herein, including those printed on the next page hereof.**

Accepted and Approved by:

Washington State Department of Health

Signature	
Date:	